



Volunteer Application

Name _____ SSN _____ Date of birth _____

Address _____ City _____ Zip _____

Phone number _____ (day) _____ (evening) email _____

Volunteers must be 16 years of age or older.

Approximate number of hours you are interested in volunteering per week: _____

What days and hours are you available for volunteer work?

Why are you interested in working at the library?

Will this volunteer service fulfill a requirement of a school, club, or other group? (Circle one) Yes No

If so, please name the school, group or agency: _____

Current or most recent work or volunteer experience:

Organization/Employer	Dates	Contact Name, Phone Number
Type of Work/Duties		

Personal or Work Reference:

Name: _____ Contact Number: _____

Emergency contact:

Name _____ Relationship: _____ Phone: _____

Address: _____

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that I will not be paid for my services as a volunteer.

Signature of applicant: _____ Date: _____

Parental permission and consent (to be completed by parent/guardian of volunteer aged 16 or 17 years)

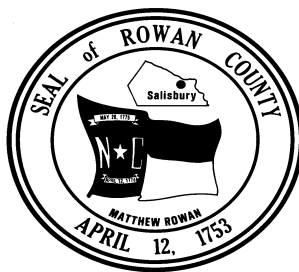
My son/daughter has my permission to work as a volunteer at Rowan Public Library

Signed: _____ Date: _____

_____ Please print name

Criminal background check required for some positions, please fill out information on back of this page.

Darlene I. Boling, MA, SPHR, IPMA-CP
Human Resources Director
Darlene.Boling@rowancountync.gov



Telephone: 704-216-8100
FAX 704-216-8110

Rowan County Human Resources
130 West Innes Street, Salisbury, NC 28144-4326
www.rowancountync.gov

AUTHORIZATION

As an applicant for employment with Rowan County Government, I hereby authorize ROWAN COUNTY GOVERNMENT to perform an investigation of my **DRIVING HISTORY AND CRIMINAL RECORD**.

Applicant's Signature

Date

The following information must be completed in its entirety. Withholding information may affect your chance of employment with Rowan County.

Identifying Information:

Last Name _____ Middle Name _____

First Name _____ Maiden Name _____

Any other names previously used (such as past marriages) _____

Date of Birth _____ Social Security # _____

Driver's License # & State _____

List all addresses where you have lived for the last seven (7) years:

Present Address _____

County _____ Last Name used at this address _____

Previous Address _____

County _____ Last Name used at this address _____

Previous Address _____

County _____ Last Name used at this address _____

Previous Address _____

County _____ Last Name used at this address _____

Previous Address _____

County _____ Last Name used at this address _____

Signature of Interviewer/Witness

Date